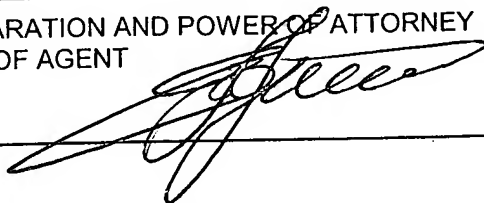


COMBINED DECLARATION AND POWER OF ATTORNEY AUTHORIZATION OF AGENT	ATTORNEY DOCKET NO.
--	---------------------



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled: **AN ELECTRO MAGNETICALLY-OPERATED DEVICE, AND A METHOD OF OPERATING THE SAME**

the specification of which

(Check one) ☐ is attached hereto.
☐ was filed on _____ as
 Application Serial No. _____ and
 was amended on _____
 (If applicable)
 was amended through _____
 (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty of disclosure all information which is known to me to be material to the patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>2001129236</u> (Number)	<u>Ukraine</u> (Country)	<u>12/29/2001</u> (Day/Month/Year filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States

application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty of the disclose material information as defined in Title 35, Code of Federal Regulations, § 1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

10/192,523
(Application Serial No.)

07/11/2002
(Filing Date)

Pending
(Status)
(Patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)
(Patented, pending, abandoned)

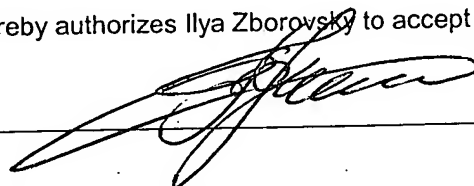
(Application Serial No.)

(Filing Date)

(Status)
(Patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes Ilya Zborovsky to accept and follow instructions from



as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between Ilya Zborovsky and the undersigned. In the event of a change in the persons from whom instructions may be taken, Ilya Zborovsky be so notified by the undersigned.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the patent and Trademark Office connected therewith:

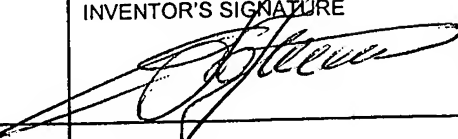
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<p>FULL NAME OF FIRST INVENTOR</p> <p>BABICH, Nikolai</p>	<p>INVENTOR'S SIGNATURE</p> 	<p>DATE</p> <p>01.20.2004</p>
<p>RESIDENCE</p> <p>Kharkovskoye Shosse 160A-102 Kiyv 253091, Ukraine</p>	<p>CITIZENSHIP</p> <p>Ukrainian</p>	